MAXIMUS Federal Services

Case Number:	CM14-0131263		
Date Assigned:	09/19/2014	Date of Injury:	08/16/2012
Decision Date:	10/20/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 25-year-old female with an 8/16/12 date of injury, when she sustained the injury to her lower back while making a bed. The patient underwent lumbar facet injection at bilateral L4-L5 and L5-S1 on 5/27/14. The patient was seen on 8/12/14 with complaints of aching pain in the left lumbar area and buttock. The pain was rated 8/10 with medications and 10/10 without medications. The patient stated that her pain was unchanged from the last visit and she denied any new symptoms or neurological changes since her last appointment. Exam findings of the lumbar spine revealed slightly decreased sensation over the left lateral leg, 5/5 muscle strength in the bilateral lower extremities, and DTRs +2 and symmetric. There was tenderness at the left sacroiliac joint and Patrick's sign and Gaenslen's maneuver were positive on the left. There was tenderness over the paraspinal muscles and facet joints at L4-L5 and L5-S1. The straight leg-raising test was positive bilaterally. The patient was taking Norco 10/325 and amitriptyline. The diagnosis is low back pain, lumbar sprain, numbness, sacroiliac joint pain, chronic pain and depression. Treatment to date: physical therapy, work restrictions, chiropractic treatment and medications. An adverse determination was received on 7/28/14. The request for Bilateral SI Injections under fluoroscopic guidance and conscious sedation was modified to certification of left SI joint injection under fluoroscopic guidance and conscious sedation given that the physical examination dated 5/17/14 revealed that the Patrick's sign and Gaenslen's maneuver were positive on the left and that the patient had tenderness at the left SI joint. The request for Tramadol 100mg #60 was denied given that the patient was already using Norco and that the use of 2 short acting opioid analgesics was not recommended and was duplicative in nature.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral SI Injections under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint injections

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). There is a lack of documentation indicating that the patient failed at least 4-6 weeks of aggressive conservative therapy. The physical examination dated 8/12/14 revealed tenderness at the left sacroiliac joint and positive left Patrick's sign and left Gaenslen's maneuver. There is no evidence that the patient had symptomatic right SI joint dysfunction. In addition, the UR decision dated 7/28/14 certified the left SI joint injection under fluoroscopic guidance and conscious sedation. Therefore, the request for Bilateral SI Injections under fluoroscopic guidance and conscious sedation is not medically necessary.

Tramadol 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES; TRAMADOL Page(s): 78-81; 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. The progress notes indicated that the patient was taking Norco 10/325 and it she benefited from it. It is not clear, why the provider requested an additional opioid for the patient. Therefore, the request for Tramadol 100mg #60 is not medically necessary.